

JUL 27 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25108

1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City (No. 148 E. Cleveland)

Registration District No. 1123  
Primary Registration District No. 6248 E

File No. \_\_\_\_\_  
Registered No. 242 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edward Schneiderheinze

(a) Residence, No. 148 E. Cleveland St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 8 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Paul Schneiderheinze

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Maddendorf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Lillian Schneiderheinze  
(ADDRESS) 148 E. Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity DATE June 25/36, 1936

19. UNDERTAKER Rendler Undertaking Co.  
(ADDRESS) 714 Lemay Ferry Rd.

20. FILED June 25, 1936 G. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/22/36, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:10 PM. The principal cause of death and related causes of importance were as follows:

Calcification of bi-cuspid valve and aortic valves, of heart. Chr. endocarditis. Chr. myocarditis, sclerotic plaques of the entire ascending aorta. Complete consoli-

Other contributory causes of importance: dation due to calcification of the rt. coronary artery. Secondary: Occlusion of rt. coronary artery.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Subot Tumas, M. D. (Address) 3718 Jennings St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

